

DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU3126USWFirst Names Inventor:
**GLOVER (formerly
Carter)****Complete if known:**App No.:
09/647,962Filing Date
October 6, 2000

Group Art Unit:

1623

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL CRYSTALLINE FORMS OF AN ANTIVIRAL BENZIMIDAZOLE COMPOUND

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/EP99/02214 filed April 1, 1999 and was amended on (MM/DD/YYYY)
_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.GB	9807354.7	April 7, 1998	x
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU3126USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Reg. No. 27,655
Charles E. Dadswell Reg. No. 35,851
Karen L. Prus Reg. No. 39,337
Robert H. Brink Reg. No. 36,094
Elizabeth Selby Reg. No. 38,298

James P. Riek Reg. No. 39,009
Virginia C. Bennett Reg. No. 37,092
Frank P. Grassler Reg. No. 31,164
Christopher P. Rogers Reg. No. 36,334
Lorie Ann Morgan Reg. No. 38,181

Bonnie L. Deppenbrock Reg. No. 28,209
John L. Lemanowicz Reg. No. 37,380
Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel
Corporate Intellectual Property Department
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709



23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Lorie Ann Morgan
919-483-8222

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GLOVER	Bobby	Neal
	RESIDENCE & CITIZENSHIP	Durham	NC	US
	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	HUANG	Lian-Feng	
	RESIDENCE & CITIZENSHIP	Durham	NC	US
	POST OFFICE ADDRESS	GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US

DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU3126USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Reg. No. 27,655
Charles E. Dadswell Reg. No. 35,851
Karen L. Prus Reg. No. 39,337
Robert H. Brink Reg. No. 36,094
Elizabeth Selby Reg. No. 38,298

James P. Riek Reg. No. 39,009
Virginia C. Bennett Reg. No. 37,092
Frank P. Grassler Reg. No. 31,164
Christopher P. Rogers Reg. No. 36,334
Lorie Ann Morgan Reg. No. 38,181

Bonnie L. Deppenbrock Reg. No. 28,209
John L. Lemanowicz Reg. No. 37,380
Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel
Corporate Intellectual Property Department
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709



23347

PATENT TRADEMARK OFFICE

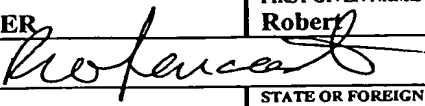
Direct Telephone Calls to:

Lorie Ann Morgan
919-483-8222

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		GLOVER	Bobby	Neal
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		HUANG	Lian-Feng	
	INVENTOR'S SIGNATURE	<i>Lian-Feng Huang</i>		DATE: Sep 24, 2001
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US

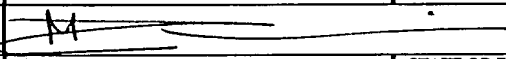
DECLARATION FOR "371" APPLICATION

203	FULL NAME OF INVENTOR	FAMILY NAME LANCASTER	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL William
	INVENTOR'S SIGNATURE			DATE: 24th September 2001
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
204	FULL NAME OF INVENTOR	FAMILY NAME LONG	FIRST GIVEN NAME Stacey	SECOND GIVEN NAME/INITIAL Todd
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
205	FULL NAME OF INVENTOR	FAMILY NAME RIZZOLIO	FIRST GIVEN NAME Michele	SECOND GIVEN NAME/INITIAL Catherine
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CH (Switzerland)
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
206	FULL NAME OF INVENTOR	FAMILY NAME SCHMITT	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL Allen
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY Libertyville	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 301 Evergreen Court	CITY Libertyville	STATE & ZIP CODE/COUNTRY IL 60048 US
207	FULL NAME OF INVENTOR	FAMILY NAME SICKLES	FIRST GIVEN NAME Barry	SECOND GIVEN NAME/INITIAL Riddle
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US

DECLARATION FOR "371" APPLICATION

2	FULL NAME OF INVENTOR	FAMILY NAME LANCASTER	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL William
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME LONG	FIRST GIVEN NAME Stacey	SECOND GIVEN NAME/INITIAL Todd
	INVENTOR'S SIGNATURE			DATE: Oct 1, 2001
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME RIZZOLIO	FIRST GIVEN NAME Michele	SECOND GIVEN NAME/INITIAL Catherine
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CH (Switzerland)
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME SCHMITT	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL Allen
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE & CITIZENSHIP	CITY Libertyville	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS 301 Evergreen Court	CITY Libertyville	STATE & ZIP CODE/COUNTRY IL 60048 US
2	FULL NAME OF INVENTOR	FAMILY NAME SICKLES	FIRST GIVEN NAME Barry	SECOND GIVEN NAME/INITIAL Riddle
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US

DECLARATION FOR "371" APPLICATION

2	FULL NAME OF INVENTOR	FAMILY NAME LANCASTER	FIRST GIVEN NAME R bert	SECOND GIVEN NAME/INITIAL William
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME LONG	FIRST GIVEN NAME Stacey	SECOND GIVEN NAME/INITIAL Todd
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME RIZZOLIO	FIRST GIVEN NAME Michele	SECOND GIVEN NAME/INITIAL Catherine
	INVENTOR'S SIGNATURE			DATE: Sept 25, 2001
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CH (Switzerland)
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME SCHMITT	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL Allen
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE & CITIZENSHIP	CITY Libertyville	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS 301 Evergreen Court	CITY Libertyville	STATE & ZIP CODE/COUNTRY IL 60048 US
2	FULL NAME OF INVENTOR	FAMILY NAME SICKLES	FIRST GIVEN NAME Barry	SECOND GIVEN NAME/INITIAL Riddle
	INVENTOR'S SIGNATURE			DATE:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU3126USWFirst Names Inventor:
**GLOVER (formerly
Carter)****Complete if known:**App No.:
09/647,962Filing Date
October 6, 2000

Group Art Unit:

1623

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL CRYSTALLINE FORMS OF AN ANTIVIRAL BENZIMIDAZOLE COMPOUND

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on _____ as United States application Serial No. _____ or PCT InternationalApplication Number PCT/EP99/02214 filed April 1, 1999 and was amended on (MM/DD/YYYY)
_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.GB	9807354.7	April 7, 1998	x
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER
PU3126USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Reg. No. 27,655
 Charles E. Dadswell Reg. No. 35,851
 Karen L. Prus Reg. No. 39,337
 Robert H. Brink Reg. No. 36,094
 Elizabeth Selby Reg. No. 38,298

James P. Riek Reg. No. 39,009
 Virginia C. Bennett Reg. No. 37,092
 Frank P. Grassler Reg. No. 31,164
 Christopher P. Rogers Reg. No. 36,334
 Lorie Ann Morgan Reg. No. 38,181

Bonnie L. Deppenbrock Reg. No. 28,209
 John L. Lemanowicz Reg. No. 37,380
 Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel
 Corporate Intellectual Property Department
 GlaxoSmithKline
 Five Moore Drive, PO Box 13398
 Research Triangle Park, NC 27709


23347

PATENT TRADEMARK OFFICE

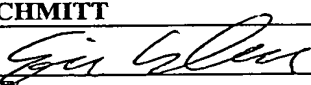
Direct Telephone Calls to:

Lorie Ann Morgan
 919-483-8222

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GLOVER	Bobby	Neal
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1		Durham	NC	US
		GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	HUANG	Lian-Feng	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2		Durham	NC	US
		GlaxoSmithKline, Inc.	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		

DECLARATION FOR "371" APPLICATION

2	FULL NAME OF INVENTOR	FAMILY NAME LANCASTER	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL William
	INVENTOR'S SIGNATURE			<u>DATE:</u>
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME LONG	FIRST GIVEN NAME Stacey	SECOND GIVEN NAME/INITIAL Todd
	INVENTOR'S SIGNATURE			<u>DATE:</u>
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME RIZZOLIO	FIRST GIVEN NAME Michele	SECOND GIVEN NAME/INITIAL Catherine
	INVENTOR'S SIGNATURE			<u>DATE:</u>
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CH (Switzerland)
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME SCHMITT	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL Allen
	INVENTOR'S SIGNATURE			<u>DATE:</u>
0	RESIDENCE & CITIZENSHIP	CITY Libertyville	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS 301 Evergreen Court	CITY Libertyville	STATE & ZIP CODE/COUNTRY IL 60048 US
2	FULL NAME OF INVENTOR	FAMILY NAME SICKLES	FIRST GIVEN NAME Barry	SECOND GIVEN NAME/INITIAL Riddle
	INVENTOR'S SIGNATURE			<u>DATE:</u>
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET
PU3126USWFirst Names Inventor:
**GLOVER (formerly
Carter)****Complete if known:**
App No.:
09/647,962Filing Date
October 6, 2000Group Art Unit:

1623

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL CRYSTALLINE FORMS OF AN ANTIVIRAL BENZIMIDAZOLE COMPOUND

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/EP99/02214 filed April 1, 1999 and was amended on (MM/DD/YYYY)
_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.GB	9807354.7	April 7, 1998	x
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU3126USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Reg. No. 27,655
 Charles E. Dadswell Reg. No. 35,851
 Karen L. Prus Reg. No. 39,337
 Robert H. Brink Reg. No. 36,094
 Elizabeth Selby Reg. No. 38,298

James P. Riek Reg. No. 39,009
 Virginia C. Bennett Reg. No. 37,092
 Frank P. Grassler Reg. No. 31,164
 Christopher P. Rogers Reg. No. 36,334
 Lorie Ann Morgan Reg. No. 38,181

Bonnie L. Deppenbrock Reg. No. 28,209
 John L. Lemanowicz Reg. No. 37,380
 Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel
 Corporate Intellectual Property Department
 GlaxoSmithKline
 Five Moore Drive, PO Box 13398
 Research Triangle Park, NC 27709

**23347**

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Lorie Ann Morgan
 919-483-8222

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

0	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GLOVER	Bobby	Neal
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	DATE:
	POST OFFICE ADDRESS	Durham	NC	COUNTRY OF CITIZENSHIP
1		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	HUANG	Lian-Feng	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	DATE:
	POST OFFICE ADDRESS	Durham	NC	COUNTRY OF CITIZENSHIP
2		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline, Inc.	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		

DECLARATION FOR "371" APPLICATION

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	LANCASTER	Robert	William
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Stevenage	GB	GB
3		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	LONG	Stacey	Todd
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Durham	NC US	US
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	RIZZOLIO	Michele	Catherine
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Durham	NC	CH (Switzerland)
5		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	SCHMITT	Eric	Allen
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Libertyville	IL	US
6		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		301 Evergreen Court	Libertyville	IL 60048 US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	SICKLES	Barry	Riddle
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Durham	NC	US
7		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US